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APPLICANTS

Juan Carlos Parodi, Lomas de San Isidro, ARGENTINA;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/822,858 03/24/1997 PAT 6,302,908 *As*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ARGENTINA	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>VJ</i>		

ADDRESS

RATNER & PRESTIA  
 One Westlakes, Berwyn, Suite 301  
 P.O. Box 980  
 Valley Forge, PA  
 19482-0980

TITLE

ARTERIAL GRAFT DEVICE

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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